

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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Darnell R Hicks

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**

(Prisoner)

JUAN Encarnacion Bats # 188

John Doe

John Doe

John Doe

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Darnell  
First Name

R  
Middle Initial

Hicks  
Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Ossining Police Station  
Current Place of Detention

88 Spring Street  
Institutional Address

Westchester County  
County, City

N.Y.  
State

10562  
Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other: I was RoR still Fighting Case

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Juan Encarnacion 188  
 First Name Last Name Shield #  
Public Servant  
 Current Job Title (or other identifying information)  
88 Spring Street  
 Current Work Address  
Westchester N.Y. 10562  
 County, City State Zip Code

Defendant 2: John Doe  
 First Name Last Name Shield #  
  
 Current Job Title (or other identifying information)  
  
 Current Work Address  
  
 County, City State Zip Code

Defendant 3: John D  
 First Name Last Name Shield #  
  
 Current Job Title (or other identifying information)  
  
 Current Work Address  
  
 County, City State Zip Code

Defendant 4: John Doe  
 First Name Last Name Shield #  
  
 Current Job Title (or other identifying information)  
  
 Current Work Address  
  
 County, City State Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: Ossining Police StationDate(s) of occurrence: April 21, 2022

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I walked in the Court room my belt went OFF public servant Badge #188 yelled at me to go back I realized how Aggressive he said it And I called him a "sucka" he then yelled out get out so I called him a sucka while I was leaving he followed me out while I started walking to the police Department And told me I was under Arrest I asked ~~for~~ for what And he pushed me And Flew back And told me stop resisting in which I wasn't Video And Audio will show. He put the cuffs on me aggressively And threw me up against the front glass of the police station window I looked at the officers in the window and said you see this y'all not going to say nothing then he snatched me up and throw me to the other door still aggressively holding me, when the door open up he got more violent and threw me to the floor and then I said "Are you trying to George Floyd me" And He said "Your better OFF Dead" Body Camera Footage And Police Department Footage is was all caught on and there saying No Audio Footage I passed out in the Back And the Ambulance Came the never Reported I passed out the officer that tied my legs told the truth at the hospital. I Record the police action on the Streets

This is why I'm being targeted I Have Several  
 Social media videos and views to prove the worst things that  
 can go on with the Black and Hispanics

#### INJURIES: •

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Head, shoulders, neck, wrist, Back, I was at the ~~hospital~~  
 Hospital <sup>8:30</sup> ~~at~~ ~~the~~ left at 4:30 in the morning

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

~~I~~ I want Justice these people are the enemy of  
 the town the people are scared of these bullies I Have  
 video footage of the harassing that they do and violently  
 touching another human because your a cop is NOT FAIR

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

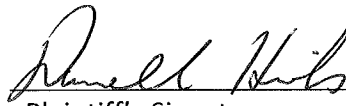
I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

3/2/2023  
Dated

  
Plaintiff's Signature

Darrell R Hicks  
First Name Middle Initial Last Name

~~88~~ 88 Spring Street  
Prison Address

Westchester NY 10562  
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

**CONSENT TO ELECTRONIC SERVICE**

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

**Civil case(s) filed in the Southern District of New York:**

**Note:** This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

\_\_\_\_\_  
 \_\_\_\_\_

Hicks Darnell R  
 Name (Last, First, MI)

901 Main Street Apt 6C Peekskill N.Y. 10566  
 Address City State Zip Code

914-501-2812 Strzy730@gmail.com  
 Telephone Number E-mail Address

3/2/2022 Daniel Hicks  
 Date Signature

**Return completed form to:**

Pro Se Intake Unit (Room 200)  
 500 Pearl Street  
 New York, NY 10007